L12000083953

(Requestor's Name)						
(Address)						
(1)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basiliose Ellis, Flatie)						
(Document Number)						
Certified Copies Certificates of Status						
<u> </u>						
Special Instructions to Filing Officer:						

Office Use Only



900331275409

07/01/19--01028 --019 **25.00

JUL 1 3 Z019
S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Goza-Talesnick, LLC						
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Noah	Talesnick						
	Name of Person	 -					
Goza	-Talesnick, LLC						
	Firm/Company		<u> </u>				
867 (Crane's Ct.						
	Address						
Maitla	and, FL 32751						
	City/State and Zip Code		_				
noah.	talesnick@wsoaonline.com						
E	-mail address: (to be used for future ann	iual report notil	fication)				
For fur	ther information concerning this matter,	please call:					
Noah	Talesnick	407	375.1698				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:		AILING ADDRESS:				
		egistration Section					
	Clifton Building		vision of Corporations O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		illahassee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$3	55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company: Goza-Tale	snick, LLC		
		(b)		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	867 Crane's Ct.		867 Cran	e's Ct.
	Maitland, FL 32751		Maitland,	FL 32751
	6/26/2019			
3.	Date of filing/registration in Florida	4.	I	Document number
5. (a)	United States Corporation Agents, inc.			
J. (u)	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State:	<u></u>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 Winding Oak Court Suite A			7-11-17-17-12
	Tampa	, FL 33612		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	erea Omerado	<u>1033</u> .	
	NEW Registered Office Address:			
	867 Crane's Ct.			
	Maitland	FL_32751		
the cha agent was/we the arti Signat I herei provisi the oblito mere	imited liability company is not organized under the inge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member clear of organization or the operating agreement of ture of a member or authorized representative of a member obvaccept the appointment as registered agent and ons of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address to invaliding of this change.	s of the regis d liability cours of the limited limite	tered office mpany, it is ted liability ability comp h Talesnic	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in bany. Ck Printed or typed name of signee